



Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1020

### Complete if Known

Application Number	10/533,027
Filing Date	April 26, 2005
First Named Inventor	Devon Matthew Johnson
Examiner Name	Paulos M. Natnael
Art Unit	2622
Attorney Docket No.	PU020450

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order  
Customer Number 24498

☐ None ☐ Other (please identify):

☒ Deposit Account: Deposit Account Number 97-0832

Deposit Account Name: THOMSON LICENSING INC.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

Small Entity Fee (\$)

Fee (\$)

Each independent claim over 3 (including Reissues)

50 25

Multiple dependent claims

200 100

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

360 180

- 20 or HP =

x

=

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Independent Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- 3 or HP =

x

=

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof

Fee (\$)

Fee Paid (\$)

- 100 =

/ 50 =

(round up to a whole number) x

=

#### 4. OTHER FEE(S)

Extension For Response Within third Month

Fees Paid (\$)

1020.00

### SUBMITTED BY

Name (Print/Type)	Vincent E. Duffy	Registration No. (Attorney/Agent)	39,964	Telephone	(818) 260-3727
Signature				Date:	9/27/06

This collection of information is required by 37 CFR 1.136. The information is required to obtain or receive benefits by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Report to Data Base  
 Docket No. 0020450 Serial No. 10/533,027 Filed: 4/26/05  
 Inventor(s): Devon Matthew Johnson et al.  
 Title: A System and Method For determining Lip Synchrony between Audio and Video in a digitized environment using Buffer Calc.

Patent No. \_\_\_\_\_  
 Atty: Vincent E. Duffy

PATENT OPERATIONS  
 APPLICATION AS FILED

Enter Date	Enter Number	Check Type	Check Items Mailed with Application	Express Mail Application Label No.:
		Independent Claims	<input type="checkbox"/> Declaration	
		Claims in Excess of 20	<input type="checkbox"/> Statement under CFR § 1.56-013M	
		Claim Pages	<input type="checkbox"/> Continuation	
		Specification Pgs	<input type="checkbox"/> Assignment & Recordation Sheet	
		Sheets of Drawings	<input type="checkbox"/> Preliminary Amendment	
		Abstract Pages	<input type="checkbox"/> Priority Document -	
			<input type="checkbox"/> IDS 1449 with References	
			<input type="checkbox"/> Utility Application Transmittal	
			<input type="checkbox"/> Fee Transmittal Sheet in duplicate	
			<input type="checkbox"/> APPEALS	
			<input type="checkbox"/> Notice of Appeals	
			<input type="checkbox"/> Appeal Brief	
			<input type="checkbox"/> Reply Brief	
			<input type="checkbox"/> Pet. To Withdraw.	
			<input type="checkbox"/> REQUESTS	
			<input type="checkbox"/> Ext. Time \$1.136(b)	
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			<input type="checkbox"/> Statement NASA	
			<input type="checkbox"/> Terminal Disclaimer	
			<input type="checkbox"/> Claim Disclaimer	
			<input type="checkbox"/> Status Letter	
			<input type="checkbox"/> Declaration	
			<input type="checkbox"/> Suppl. Declaration	
			<input type="checkbox"/> Certificate of Mailing	
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			<input type="checkbox"/> AMENDMENTS	
			<input type="checkbox"/> After Rejection	
			<input type="checkbox"/> After Final Rejection	
			<input type="checkbox"/> After Allowance UIR312	
			<input type="checkbox"/> Supplemental	
			<input type="checkbox"/> Voluntary	
			<input type="checkbox"/> Letter to Exam/Draftsperson w/ Drawing Correction(s)	
			<input type="checkbox"/> Pg(s). of Formal Dwg(s)	
			<input type="checkbox"/> OTHER	
			<input type="checkbox"/> Lic. To For. File	
			<input type="checkbox"/> Reg. Priority 35USC119	
			<input type="checkbox"/> Statement DOE	
			<input type="checkbox"/> Statement under §1.56	
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